KENTOURS REGULATED NON-WDT SACCO SOCIETY

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INDIVIDUAL MEMBERSHIP APPLICATION FORM

PLEASE READ THE NOTES ON THE LAST PAGE BEFORE COMPLETING THE FORM. COMPLETE THE FORM IN BLOCK LETTERS

PART A

1. APPLICANT'S DETAILS

Surname | First Name | Other Name

Nationality | Gender | Date of Birth

ID/PP No. | KRA PIN No. | Phone No.

Postal Address | Post Code | Town

Residential Address

County | Sub-County | Location

Email Address | Occupation

Specimen Signature

Marital Status: Married ☐ Single ☐ Other (Specify)

If married provide spouse's details below:

Full Name | ID/PP No. | Phone No.

Email | Residential Address

2. EMPLOYMENT DETAILS

Employer | Current Station

Designation | Payroll Number

If Self-employed:

Nature of Business

Business Location

3. CONTRIBUTION DETAILS

Mode of Payment: Check-off (For employers who have signed an MOU with the Sacco) ☐ Direct Payments/Deposits ☐

First Date of Contribution (Month and Year) | Monthly Deposits Contribution (Ksh.)

4. BANKING DETAILS (Any payments by the Sacco will be made to this Account)

Account Name | Bank Name

Bank Branch | Account Number

5. MOBILE BANKING SERVICES (Refer to Note D on the last page)

Would you like to be registered for mobile Banking Services? Yes ☐ No ☐

6. INTRODUCED BY

Full Name | ID/PP No. | Phone No.

PART B

NOMINATION OF NEXT OF KIN

Every Sacco member is required to fill the below form, nominating a beneficiary who would be paid amounts due from the Sacco in the event of death.

Pursuant to By-Law 9 of this Society, I……..……of ID/No …….. in the event of my death while a member of the Society, hereby instruct the Society to pay all amounts due to me, less my debt to the Society, to the person(s) named below irrespective of any will made by me.

1. Name…… ID/No……..……
   Relationship…….. Percentage…….
   Postal Address…… Physical Address ……..
   Tel No……. E-mail: ……..……

2. Name…… ID/No……..……
   Relationship…….. Percentage…….
   Postal Address…… Physical Address ……..
   Tel No……. E-mail: ……..……

3. Name…… ID/No……..……
   Relationship…….. Percentage…….
   Postal Address…… Physical Address ……..
   Tel No……. E-mail: ……..……

I also understand that for any of my nominated beneficiaries **(above)** under the age of 18 at the time of my death, any benefits payable will be paid to my **Appointee/Guardian** named below:

Name **(Appointee / Guardian):**	Relationship:	P.O. Box:	Code:	Town:
Email:	Tel. No:		Alternative Tel. No:	
ID/PP No: (attach a copy)	KRA PIN (attach a copy)			

I understand that I may change details of the nominee(s) only by special written instructions to the Society.

SIGNED BY MEMBER/APPLICANT

Signature ……..…… Date……..……

WITNESSES

1st Witness Name…….. ID/No……..……

Signature……..……Mobile phone No. ……..…….. Date……..……

2nd Witness Name…….. ID/No……..……

Signature……..……Mobile phone No. ……..…….. Date……..……

PART C

DEPENDANTS DECLARATION FORM

The Sacco has a group last expense (funeral) cover in the event of death of a Sacco member's spouse or child. The insurance cover extends to only the spouse and up to 4 (four) children whose details have been provided on this form. The age limits are 18 to 80 years for spouse and 1 day to 21 years for children. Children between ages 21 and 25 years are covered provided there is evidence of them being full-time students. Payout is currently pegged at Ksh. 100,000 per death but is subject to review from time to time.

1. **SPOUSE'S DETAILS**

   Name (per the National ID Card/Passport): _____

   ID/Passport No: _____ Date of Birth: _____ (dd/mm/yyyy)

2. **CHILD'S DETAILS** (For children up to 21 years of age or up to 25 years if there is proof, they are full-time students)

   a. Name of First Child (per ID/PP/Birth Cert. or Notification): _____

      Child's Gender: Male ☐ Female ☐ ID/Passport No: _____ Date of Birth: _____

   b. Name of Second Child (per ID/PP/Birth Cert. or Notification): _____

      Child's Gender: Male ☐ Female ☐ ID/Passport No: _____ Date of Birth: _____

   c. Name of Third Child (per ID/PP/Birth Cert. or Notification): _____

      Child's Gender: Male ☐ Female ☐ ID/Passport No: _____ Date of Birth: _____

   d. Name of Fourth Child (per ID/PP/Birth Cert. or Notification): _____

      Child's Gender: Male ☐ Female ☐ ID/Passport No: _____ Date of Birth: _____

For any insurance claim upon a dependant's death, the following documentation will be required:

i. Copy of national ID card/passport of principal member;
ii. Copy of national ID card/passport of the deceased;
iii. Death Certificate;
iv. Burial Permit;
v. Deceased child's Birth Certificate.

PART D

INDEMNITY & DECLARATION

i. I confirm that the information given above is true to the best of my knowledge.
ii. I have read and agreed to abide by the Terms and Conditions of this application. I also agree to abide by the By-laws of the Sacco and any amendments thereof.
iii. By signing this form, I request the Sacco to open an account in my name as provided. I agree that this account shall be operated solely for lawful transactions with the Sacco and I hereby indemnify the Sacco, against any cost incurred or claims arising out of the account.

PART E

CONSENT

I confirm that I have:

i. consented to the collection, processing and storage of my personal data and images for the purpose of maintaining my Sacco account. I also consent to the sharing of my personal data and images with the Sacco's partner organizations, service providers or individuals for lawful purposes.
ii. consented to the storage and publication in any lawful media platform of my videos, voice recordings or images taken while attending Kentours Sacco's events.
iii. indemnified the Sacco against any loss or injury arising out of any claim as a result of processing, storing and sharing of my personal data, images, voice recordings or videos.

SIGNED BY APPLICANT

Name: _____Signature_____ Date _____

NOTES

A. KENTOURS SACCO PAYMENT ACCOUNTS DETAILS

i **Bank Account**

Name: Kentours Regulated Non-WDT Sacco Society Limited
Bank Account Number: 01120000563700
Bank: Co-operative Bank of Kenya Limited, Green House Mall Branch
Bank Code: 11153
Swift Code: KCOOKENA

ii **MPESA**

Paybill Number: 194740,
Account Number: (**Kentours Sacco Membership Number**)

Cheques, electronic funds transfers, bank standing orders and direct bank deposits are acceptable modes of payment. Cash will not be received in the Sacco office.

B. REQUIRED DOCUMENTS TO ACCOMPANY MEMBERSHIP APPLICATION FORM

i. One (1) recent coloured passport photograph;
ii. Copy of national ID card/passport;
iii. Copy of KRA PIN certificate;
iv. Evidence of bank account such as a cancelled cheque, bank statement or debit card;

C. MEMBERSHIP TERMS

i. An applicant must be a Kenyan resident aged 18 years and above;
ii. Membership Application Fee is Ksh. 1,000.00 plus excise duty at applicable rate (currently at Ksh. 200);
iii. Minimum Monthly Deposits Contribution for members without loans is Ksh. 1,500.00;
iv. Minimum Share Capital is Ksh. 9,000.00 to be fully paid within 25 months;
v. The Sacco By-laws will be provided at cost;
vi. New members' initial monthly contributions can be made in equal instalments of Kshs 2,100.00 until the minimum contribution requirements pertaining to Membership Application Fee, By-Laws, Share Capital and Insurance contribution are attained; after which the member can adjust the minimum monthly contribution to Kshs.1,500.00.
vii. The Sacco has in place a group funeral expense, loan guard and deposits protection insurance cover. Members will be required to pay an annual insurance premium at a rate to be determined by the insurer from time to time;
viii. The waiting period to qualify for Sacco loans is 6 months after membership registration, except for Karibu Loan whose waiting period is 3 months;
ix. Loans are to be guaranteed with own deposits, other Sacco members' deposits or assets collaterals provided those assets qualify per the Sacco's Credit Policy. For non-checkoff members, only that portion of deposits that is free of any other loan guarantee will qualify as security;
x. A member should not belong to more than one SACCO Society.
xi. A fee of Ksh. 1,000.00 plus tax at applicable rate will be charged when exiting the Sacco membership.

D. MOBILE BANKING SERVICES TERMS

i. Only Safaricom mobile telephone number duly registered for M-pesa in the applicant's name shall be accepted;
ii. Registration by proxy will not be accepted;
iii. The Society shall register only one mobile telephone number per member;
iv. The Society is not responsible for the security of member's secret passcode and shall only regenerate another one upon a request on the duly authorized M-Jisort PIN Reset Form. Members should therefore exercise due care to ensure safety of their passcodes;
v. Normal M-pesa charges including excise duty at the prescribed rates apply;
vi. Any suspected fraudulent activities with a registered mobile telephone number shall lead to automatic deregistration and subsequent forwarding of information to the relevant law enforcement agents and telephone companies.

E. ANY CHANGES TO THE PROVIDED INFORMATION /DOCUMENTS SHOULD BE COMMUNICATED TO THE SACCO IN WRITING.